

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005653

STATE FILE NUMBER

AMENDED

Registration District No. 156Primary Registration District No. 2001Registrar's No. 54

FILED VS FEB 17 1961

1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)

JOPLIN, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONST. JOHN'S HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MC DONALD

c. CITY

OR

TOWN

GOODMAN

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

R.R.#1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

STEPHEN GARY COBLE4. DATE
OF
DEATH

Month

Day

Year

FEBRUARY 9 - 1961

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-9-61

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

5 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LIFFAINT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

JOPLIN MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

ETHAN WAYNE COBLE

13b. MOTHER'S MAIDEN NAME

IRETA GLADYSASH

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ethan W Coble18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary atelectasisINTERVAL BETWEEN
ONSET AND DEATH6 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pneumatury 6 1/2 mo

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9 Feb 61 to 9 Feb 61 and last saw him alive on 9 Feb 61
Death occurred at 11:07 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert G. Fawell M.D.

22b. ADDRESS

Galena, Kansas

22c. DATE SIGNED

9 Feb 6123a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

2-10-61

23c. NAME OF CEMETERY OR CREMATORY

Pineville Cem.

23d. LOCATION (City, town, or county)

Pineville

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Humphrey & Son Pineville, Mo.

25. DATE RECD. BY LOCAL REG.

2-13-1961

26. REGISTRAR'S SIGNATURE

Novel Merriam

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.